

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012251

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0530

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

<p>FILED APR 8 1963</p> <p>1. PLACE OF DEATH a. COUNTY <u>Laclede</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Conway</u></p>		<p>Length of stay in 1b <u>30 yrs.</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Conway Mo.</u></p>		<p>d. STREET ADDRESS (If outside give location) <u>No St. Address</u></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Sarah Jane Lourance</u></p>		<p>4. DATE OF DEATH Month Day Year <u>April 4, 1963</u></p>	
<p>5. SEX <u>Female</u></p>		<p>6. COLOR OR RACE <u>White</u></p>	
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <u>9/22/1892</u></p>	
<p>9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>9b. KIND OF BUSINESS OR INDUSTRY <u>Marsh Town Tenn. U.S.A.</u></p>	
<p>10a. FATHER'S NAME <u>Albert Henry</u></p>		<p>10b. MOTHER'S MAIDEN NAME <u>Lettie Lourance</u></p>	
<p>11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u></p>		<p>12. SOCIAL SECURITY NO. <u> </u></p>	
<p>13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to be Natural Causes</u></p>		<p>14. INTERVIEW BETWEEN ONSET AND DEATH <u>Immediate</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Due to Hemorrhage from mouth</u></p>		<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Had operation for cancer breast previously</u></p>	
<p>15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>16. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Had no attending Physician 14 days</u></p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u> </u> to <u> </u> and last saw her <u> </u> alive on <u> </u>. Death occurred at <u> </u> <u>12:15 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>Mella L. Way Local Registrar Lebanon Missouri</u></p>		<p>22b. ADDRESS <u> </u></p>	
<p>22c. DATE SIGNED <u>4-6-1963</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>4/7/1963</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Roper Cemetery near Morgan, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Dorsey M. Howe Lebanon Mo 4-6-1963</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mella L. Way</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

